

# *KBN*Nursing CONNECTION

Spring **2008** | Edition 15

*Access the mandatory online renewal system at  
<http://kbn.ky.gov/renewal> beginning July 1 through  
midnight October 31. See pages 26-29.*

## 2008 **ANNUAL** LICENSE RENEWAL



**KENTUCKY BOARD OF NURSING**

*See page 20 for Dialysis Technician  
Advisory Council Nominations.*

*Official Publication of the Kentucky Board of Nursing*

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Spring 2008, Edition 15

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## KBN MISSION

It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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Charlotte F. Beason, EdD, RN

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## KBN has an opening for a NURSE PRACTICE AND RESEARCH CONSULTANT

Performs professional work in areas related to nursing and assistive personnel regulation, practice and/or workforce development; OR, provides consultative services on a statewide basis for nursing and assistive personnel regulation and/or for the Dialysis Technician and Advanced Registered Nurse Practitioner programs; and performs other duties as required. Contact the KBN office for more detailed information.

### REQUIREMENTS:

Master's Degree in Nursing required with Doctoral education given additional weight consideration. Experience in research and evidence based evaluation required; public speaking and writing experience preferred; minimum of five years of experience in either teaching or administration of schools of nursing, nursing practice and/or nursing supervision, nursing administration or continuing education programs.

### Contact Information

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## PRESIDENT'S MESSAGE

In this issue of your *KBN Connection*, I would like to pay tribute to the four Board members whose terms are expiring June 30.

**Dr. Patricia (Trish) Birchfield, ARNP**, has served as the ARNP representative since her appointment to the KBN in 2004. Trish earned her BSN from the University of Kentucky in 1967, her MSN as a Family Nurse Practitioner in 1976, and her Doctorate in Nursing Science (DSN) in 1994 from the University of Alabama at Birmingham. Dr. Birchfield has been a faculty member of the University Of Kentucky College Of Nursing and is currently teaching in the Department of Baccalaureate and Graduate Nursing at Eastern Kentucky University. This was Dr. Birchfield's first term on the Kentucky Board of Nursing.



**Dr. Gail I. Wise, RN**, has served the KBN as a RN representative since her appointment in 2004. Gail earned her BSN in 1975, MSN in 1980, and her Doctorate of Education in 1998, all from the University of Kentucky. Dr. Wise has primarily worked in nursing education the past 20 years and most recently accepted a position with Gateway Community and Technical College as their Associate Provost and Dean of Nursing. Dr. Wise currently serves as chair of the Education Committee and Secretary to the Kentucky Board of Nursing. This was also Dr. Wise's first term on the Kentucky Board of Nursing.

**Dr. Susan H. Davis, RN**, has served the KBN as a RN representative since her most recent appointment in 2004. This is Dr. Davis' third term on the KBN, having also served from 1990-1993 and 1997-2001. Susan completed her Diploma nursing training in 1969, earned her BSN in 1973, MSN in 1975, and her Doctorate of Education from Vanderbilt University in 1991. Dr. Davis has spent over 25 years in nursing education with Bellarmine University, beginning as a Nursing Instructor and progressing to Dean of the Lansing School of Nursing and Health Sciences, a position she has held since 1992. Dr. Davis has also held many positions with the KBN; President 1992-1993, 1998-2000 and 2006-2007; Vice-President 1991-1992, and is currently serving as Board Treasurer and chair of the Practice Committee. Dr. Davis is well published and most recently was named one of the 100 Wise Women of Greater Louisville.



**Ms. Peggy Fishburn, LPN**, has served as a LPN representative to the KBN for a total of five terms spanning 20 years of service from 1978-1982; 1982-1986; 1996-2000; 2000-2004; and 2004-2008. Peggy completed her practical nursing training at the Glasgow School for Practical Nurses, graduating in 1964. During the 2006-2007 year, Ms. Fishburn served as Vice-President of the Board and chaired its Governance Panel. This year, she is chair of the Credentials Review Panel. Peggy is not only active locally, but has been a member of the KSALPN and NFLPN for many years and currently serves as Secretary to the NFLPN. She also serves on its Educational Foundation Board. Last year, Peggy received the 2007 NCSBN Exceptional Contribution Award. Peggy currently works for Dr. John Hall in his medical practice located in Scottsville.

Jimmy T. Isenberg, Ph.D., RN

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## EXECUTIVE DIRECTOR'S MESSAGE

Many of us have had some real challenges this winter. Snow and ice were frequent companions as we traveled to and from work and winter rain brought flooding to many areas of the state.

KBN's most critical challenge, however, has been to continue to offer each of you the highest quality of services in a cost-effective manner and to continue to support Board activities and ongoing programs in that same cost-effective manner. The KBN staff has reviewed a number of cost-saving measures in recent months.

During the last Board meeting, members concurred with a staff proposal to **eliminate mailing annual notices for license renewal**. With this issue of KBN, we will begin to give you information about the coming 2008 renewal cycle. You will see the notice for online renewal on the cover of both the spring and summer issues of the *KBN Connection*. The renewal fee remains \$50, of which \$5 goes to the Nurse Incentive Scholarship Fund and \$5 goes to the KARE program. We will also be in contact with all KBN stakeholders announcing this change – so you should also get the same renewal information from your place of employment and your professional associations. Our KBN website will, of course, provide renewal information as well. In addition, those of you who provided current e-mail addresses during the 2007 renewal cycle will receive an electronic notice from KBN indicating the 2008 renewal cycle has begun. This notice is consistent with our policy that your e-mail addresses be used only for conveying critical or emergency information. It is important that however and whenever you receive information about your license renewal you share this information with your colleagues. Also beginning June 1, 2008, KBN will initiate the process of a cardless licensure renewal (read more about this on page 28). We promise to keep communication lines open, and we ask your assistance in communicating to others as well. We urge you to keep your e-mail address current by going to Online Services on the KBN website, and then clicking on Address/E-mail Change.

Another fiscal challenge faced by the Board deals with the Governor's proposed state budget for 2008-2009, which contains a proposed transfer of funds from the KBN budget to the state's General Fund equalling nearly 24% of the KBN budget. This is approximately \$26 from each license renewal. Nearly all state agencies are being challenged by the proposed budget, and we want you to know that KBN staff are working diligently to identify additional efficiencies in our on-going operations and will do all that is possible to minimize any effect on licensees.

Charlotte F. Beason, Ed.D., RN

### KENTUCKY EMPLOYEE SUGGESTION SYSTEM AWARD PRESENTED TO DANA SCRUSE

Dana Scruse, Administrative Specialist III in the Kentucky Board of Nursing (KBN) Consumer Protection Branch, was presented an award at the Kentucky Employee Suggestion System Awards Ceremony at the Governor's Mansion in Frankfort on February 19, 2008, by Sue Derouen, KBN Operations Manager. Ms. Scruse's suggestion was to add a watermark to the pages of Agreed Orders entered into with nurses disciplined by KBN. The watermark prevents the Agreed Order from being altered before it is given to employers. This suggestion is very pertinent to the agency as it prevents fraud on the part of nurses who are under discipline with the Board and enables KBN to meet the goal of protecting the public as healthcare is sought and received.

KBN is very proud of Ms. Scruse. She, like so many KBN employees, is totally committed to the agency and quality improvement. Ms. Scruse has been a member of the KBN staff since February 16, 2001. Please join KBN in congratulating Dana!



Sue Derouen and Dana Scruse

## DISCIPLINARY CASE REVIEW *by Ann Tino, RN, BSN, Certified Nurse Investigator*

Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of these nurses will not be revealed.

*Nurse L* was a RN at a community hospital working in the emergency department. She walked off the job leaving two patients unattended and failed to notify any nursing or administrative personnel of her intention to resign her RN position. *Nurse M* was employed in a long term care facility, and he left his night shift for a scheduled break and later called back to indicate he was ill and would not be returning. *Nurse M* admitted to KBN staff that, prior to leaving for his break, he left his resignation letter under the Director of Nurses' office door as he had no intention of returning. *Nurse N* was terminated from her position as a LPN from a hospital for leaving during her shift; thus, failing to complete her charting, medication pass, and failing to give report to anyone. *Nurse O* was found asleep on her night shift duty in a long term care facility. Medication carts were found unlocked and unattended.

The terms "abandonment" and "patient abandonment" are not used in the *Kentucky Nursing Laws*. However, the behaviors of the nurses referenced above were inconsistent with safe nursing practice, and they were charged with violating the *Kentucky Nursing Laws*, specifically KRS 314.091(d) "negligently or willfully acted in a manner inconsistent with the practice of nursing." Reprimands were issued against the nurses' licenses in each case noted above. Reprimands are published in KBN's newsletter and specifically express concern about the nurses' behaviors. Civil penalties for such cases generally range from \$500 to \$1,000. The nurses were ordered to take additional continuing education courses on legal/ethical issues.

KBN has issued an advisory opinion statement related to patient abandonment. Advisory opinion statements are issued as guideposts for nurses who wish to engage in safe nursing practice. An opinion statement is not regulation and does not have the force and effect of law. The opinion statement addressing patient abandonment advises a nurse may leave a patient assignment only after communicating the need to do so with the nurse's supervisor **and** exhausting all reasonable and prudent efforts to place the care of the patients in another nurse's care.

As with all complaints received by KBN, each case is reviewed individually and considered on a case-by-case basis. KRS 314.021(2) holds each nurse individually accountable for rendering safe, effective nursing care to patients and for judgments exercised and actions taken in the course of providing care. As nurses, it is our professional responsibility to be aware of the laws that govern our practice. A complete index of advisory opinion statements issued by KBN can be found on our website. Remember, you worked hard for your license, working smarter will protect it. A copy of the *Kentucky Nursing Laws* can be ordered from the KBN office at a cost of \$2, or it is available on the KBN website.

## MANDATORY REPORTING *by Judy Amig, RN, Certified Nurse Investigator*

Have you ever worked with a nurse that makes continued medication errors? Have you witnessed a nurse that you think may be an unsafe practitioner or exhibits behavior that makes you suspicious that the nurse may be impaired? As KBN's mission is protection of the public, any concerns of unsafe practice must be reported to KBN staff. Many nurses and employers are uncomfortable reporting a nurse and may be unsure what actually should be reported. Unsafe incidents should be reported. All information is reviewed, and it is the responsibility of KBN to investigate allegations made against nurses.

Let me begin by saying that Kentucky is a mandatory reporting state. The mandatory reporting requirement found in KRS 314.031(4) requires reporting of possible violations of KRS Chapter 314 [see Table 1] for licensed nurses as well as applicants for licensure.

The term "any person" is a "catch-all" provision allowing anyone to report a potential violation. Sources of complaints related to licensees include co-workers or other healthcare professionals, patient or family members, self-reports, law enforcement, newspaper articles, and/or other regulatory agencies.

There seems to be a misconception that all complaints received in the KBN office result in disciplinary action against the nurses' license. In addition to the *Kentucky Nursing Laws* and standards of practice, KBN considers the environment and circumstances surrounding the complaint. Currently, KBN has licensed 64,630 registered and licensed practical nurses. Last fiscal year, the Consumer Protection Branch reviewed 1,402 complaints. As you can see, the majority of nurses are safe practitioners. Many complaints are filed away with no formal disciplinary action recommended. Upon investigation, KBN may determine that no violation of the *Kentucky Nursing Laws* has occurred or, in some instances, determine that the evidence does not rise to the level to warrant the initiation of formal disciplinary action.

For further information regarding the disciplinary process, you may go to the Consumer Protection section of the KBN website, or you may contact KBN staff at 1-800-305-2042 or 502-429-3300.

**Table 1:** KRS 314.031 (4) states:

- (4) It shall be unlawful for any nurse, employer of nurses, or any person having knowledge of facts to refrain from reporting to the board a nurse who:
- (a) Has been convicted of a misdemeanor or felony involving drugs, alcohol, fraud, deceit, falsification of records, a breach of trust, physical harm or endangerment to others, or dishonesty under the laws of any state or of the United States; or
  - (b) Is suspected of fraud or deceit in procuring or attempting to procure a license to practice nursing; or
  - (c) Is suspected of negligently or willfully acting in a manner inconsistent with the practice of nursing; or
  - (d) Is suspected of being unfit or incompetent to practice nursing by reason of negligence or other causes including, but not limited to, being unable to practice nursing with reasonable skill or safety; or
  - (e) Is suspected of violating any provisions of this chapter; or
  - (f) Has a license to practice as a nurse denied, limited, suspended, probated, revoked, or otherwise disciplined in another jurisdiction on grounds sufficient to cause a license to be denied, limited, suspended, probated, revoked, or otherwise disciplined in this Commonwealth; or
  - (g) Is practicing nursing without a current active license or valid temporary work permit issued by the Board; or
  - (h) Is suspected of abusing, misusing, or misappropriating any drugs placed in the custody of the nurse for administration, or for use of others; or
  - (i) Is suspected of falsifying or in a negligent manner making incorrect entries or failing to make essential entries on essential records.





Mandy Gunn, RN  
Center for Women's Health

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by **Sharon E. Mercer, MSN, RN, CNA, BC**, Nursing Practice Consultant

## New Advisory Opinion Statements Approved

During the February 14-15, 2008, Board meeting, KBN approved two new advisory opinion statements entitled "Cosmetic and Dermatological Procedures by Nurses" and "Role of Nurses in Resuscitation." The new statements are provided on pages 10 and 23.

## Dialysis Technician Regulation Changes

Changes to 201 KAR 20:470, Dialysis technician credentialing requirements and training program standards became effective January 24, 2008. The revised administrative regulation is provided on page 11.

## Advisory Opinion Statement #36 ROLE OF NURSES IN RESUSCITATION

The Kentucky Board of Nursing has received multiple inquiries on the role of nurses in the implementation of Do Not Resuscitate (DNR) orders, resuscitation with a DNR order, the implications of a documented advance directive without a DNR order from a prescriber, and the circumstances in which resuscitation does not have to be initiated when there is no DNR order.

The Board has addressed portions of these inquiries in the past. In February 2003, it was the advisory opinion of the Board that a nurse would not start CPR when:

- There is a valid order not to attempt resuscitation in the event of an apparent cardiac/pulmonary arrest [absence of pulse and respirations, determined by assessment using inspection, palpitation and auscultation]; these are often referred to as "do not attempt resuscitation" (DNAR) or "do not resuscitate" (DNR) orders;
- Obvious signs of death are present. The most reliable are: dependent livido [general bluish discoloration of the skin as in pooling of blood in dependent body parts]; rigor mortis [hardening of muscles or rigidity]; algo mortis [cooling of the body following death]; and injuries that are incompatible with life.

### Implementing Resuscitation with a DNR Order

The issue of implementing resuscitation when there is a DNR order is addressed in the American Nurses Association's *Code of Ethics for Nurses*, section 1.4. It says in part:

Respect for human dignity requires the recognition of specific patient rights, particularly, the right of self-determination. Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete and understandable information in a manner that facilitates an informed judgment; to be assisted in weighing the benefits, burdens and available options in their treatment, including the choice of no treatment; to accept, refuse or terminate treatment...

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

This accountability would include the responsibility of

knowing the code status of the nurse's assigned patients. Nurses are accountable in an emergency to resuscitate individuals who are present in the practice setting for the purpose of receiving care, unless either of the situations from the previous opinion are present.

Should the nurse have moral or religious objections to the Do Not Resuscitate order, the nurse is responsible for communicating those objections to the patient/surrogate and the nurse's supervisor and facilitating the transfer of patient care to another care provider, in order to honor the patient/surrogate's wishes.

### Advance Directives

KRS 311.621 through KRS 311.643, *Kentucky Living Will Directive Act*, provides the statutes related to advance directives within the state. If a patient has an advance directive or living will, it would come into effect when one of three conditions apply (KRS 311.625): (1) the patient no longer has decisional capacity; (2) the patient has a terminal condition; or (3) the patient becomes permanently unconscious. In such situations, the wishes of the patient as expressed through the advance directive or living will would take precedence over a DNR order.

KRS 311.623(2) states:

Except as provided in KRS 311.633, a living will directive made pursuant to this section shall be honored by a grantor's family, regular family physician or attending physician, and any health care facility of or in which the grantor is a patient.

KRS 311.633 (1) and (2) states:

(1) It shall be the responsibility of the grantor or the responsible party of the grantor to provide for notification to the grantor's attending physician and health care facility where the grantor is a patient that an advance directive has been made. If the grantor is comatose, incompetent, or otherwise mentally or physically incapable, any other person may notify the attending physician of the existence of an advance directive. An attending physician who is notified shall promptly make the living will directive or a copy of the advance directive a part of the grantor's medical records.

(2) An attending physician or health care facility which refuses to comply with the advance directive of a patient or decision made by a surrogate or responsible party shall immediately inform the patient or the patient's responsible party and the family or guardian of the patient of the refusal. No physician or health care facility which refuses to comply with

continued on page 20

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# GENERAL GOVERNMENT CABINET BOARD OF NURSING (AMENDMENT)

201 KAR 20:470. **Dialysis technician** credentialing requirements and training program standards.

RELATES TO: KRS 314.035, 314.137

STATUTORY AUTHORITY: KRS 314.131(1), 314.137

NECESSITY, FUNCTION AND CONFORMITY: KRS 314.137 requires the board to promulgate administrative regulations to regulate dialysis technicians. This administrative regulation establishes the requirements for dialysis technician training programs and for credentialing dialysis technicians.

## Section 1. Definitions.

(1) "Approved dialysis technician training program" means a program to train dialysis technicians that is approved by the board.

(2) "Central venous catheter" means a catheter that is inserted in such a manner that the distal tip is located in the superior vena cava.

(3) "Dialysis technician applicant" means an individual who has applied for a dialysis technician credential.

(4) "Dialysis technician trainee" means an individual who is enrolled in an approved dialysis technician training program.

(5) "Supervision" means initial and ongoing direction, procedural guidance, observation, and evaluation by a registered nurse or physician, and when a patient is being dialyzed the registered nurse or physician is in the immediate clinical care area.

## Section 2. Requirements for Dialysis Technician Credential.

(1) (a) An individual who applies to be credentialed as a dialysis technician in order to engage in dialysis care shall:

1. File with the board the "Application for Dialysis Technician Credential";

2. Have completed an approved dialysis technician training program or an out of state dialysis training program pursuant to subsection (1)(b) of this section;

3. Pay the fee established in Section 12 of this administrative regulation;

4. Provide to the board a certified copy of the court record of any misdemeanor or felony conviction from any jurisdiction, except for traffic-related misdemeanors (other than DUI) or misdemeanors older than five (5) years; and

5. Provide to the board a letter of explanation that addresses each conviction.

(b) 1. If the dialysis technician applicant ~~(individual)~~ has completed an out-of-state dialysis technician training program, the applicant shall submit the training program curriculum and evidence of completion to the board. The [the] board or its designee shall evaluate the applicant's training program to determine its comparability with the standards as stated in Section 7 of this administrative regulation.

2. The board or its designee shall advise an applicant if the training program is not comparable and specify what additional components shall be completed to meet the requirements of Section 7 of this administrative regulation.

3. A dialysis technician applicant ~~(An individual)~~ who has completed an out-of-state dialysis technician training program shall be required to complete that portion of a board-approved dialysis technician training program related to spe-

cific portions of the legal and ethical aspects of practice as set forth in the "Dialysis Technician Training Program Guide" as follows and shall submit evidence to the board of completion:

- a. Discuss state and federal regulations governing dialysis;

- b. Discuss the principles and legal aspects of documentation, communication and patient rights;

- c. Discuss the roles of the dialysis technician and other multidisciplinary team members; and

- d. Discuss principles related to patient safety.

4. A dialysis technician applicant ~~(An individual)~~ who has completed an out-of-state dialysis technician training program shall submit the "Checklist for Dialysis Technician Competency Validation" signed by the applicant's ~~individual~~ immediate supervisor in Kentucky. The "Checklist for Dialysis Technician Competency Validation" shall be filed after the submission of the "Application for Dialysis Technician Credential".

5. A dialysis technician applicant ~~(An individual)~~ who has completed an out-of-state dialysis technician training program shall submit evidence of:

- a. Successful completion of a comprehensive, written final examination from a board-approved dialysis technician training program; or

- b. Dialysis ~~(Current dialysis)~~ technician certifi-

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cation issued within the past two (2) years by the National Nephrology Certification Corporation, the Board of Nephrology Examiners Nursing and Technology, or the National Nephrology Certification Organization.

(2) An individual shall be exempt from the credentialing requirement while enrolled in an approved dialysis technician training program. The individual shall use the title dialysis technician trainee.

(3) Upon approval of the application, the board shall initially issue the dialysis technician credential for twenty-four (24) months following the month of issuance. The credential shall lapse on the last day of the credentialing period.

(4) (a) An applicant for a dialysis technician credential may engage in dialysis care as a dialysis technician applicant upon:

1. Receipt by the board of the "Application for Dialysis Technician Credential"; and
2. Meeting the requirements of subsection (6) of this section.

(b) The dialysis technician applicant shall only practice dialysis care as an applicant until:

1. The credential is issued; or
2. The application is denied by the board.

(5) An "Application for Dialysis Technician Credential" submitted for initial credentialing shall be valid for six (6) months from the date of receipt by the board.

(6) A felony or misdemeanor conviction shall be reviewed to determine whether:

- (a) The application shall be processed with no further action; or
- (b) The application shall be processed only after:
  1. The applicant has entered into an agreed order with the board with terms and conditions as agreed by the parties; or
  2. If the parties are unable to agree on terms and conditions, a hearing is held pursuant to KRS 314.091 and 201 KAR 20:162, and a final decision is entered by the board.

### Section 3. Renewal.

(1) To be eligible for renewal of the credential, the dialysis technician shall submit, no later than one (1) month prior to the expiration date of the credential:

- (a) The "Application for Renewal of the Dialysis Technician Credential"; and
- (b) The fee established in Section 12 of this administrative regulation.

(2) Upon approval of the application, the credential shall be renewed for twenty-four (24) months. The credential shall lapse on the last day of the credentialing period.

### Section 4. Reinstatement.

(1) Before beginning practice as a dialysis technician or a dialysis technician applicant, the individual shall meet the requirements of this section. If the dialysis technician credential has lapsed for a period of less than one

(1) credentialing period, the individual may reinstate the credential by:

(2) (1) Submitting the "Application for Dialysis Technician Credential"; and

(b) Paying the fee established in Section 12 of this administrative regulation.

(3) ~~(2)~~ If the dialysis technician credential has lapsed for more than one (1) credentialing period, the dialysis technician may reinstate the credential by:

(a) Completing a board-approved dialysis technician training program before submitting the "application for Dialysis Technician Credential". While enrolled in a training program, the individual shall be referred to as a dialysis technician trainee;

(b) Submitting the "Application for Dialysis Technician Credential";

(c) Paying the fee established in Section 12 of this

administrative regulation; and

(d) Submitting the "Checklist for Dialysis Technician Competency Validation" signed by the individual's immediate supervisor.

~~(4) (3)~~ An "Application for Dialysis Technician Credential" submitted for reinstatement shall be valid for six (6) months from the date of receipt by the board.

[(4) While enrolled in a training program, the individual shall be referred to as a dialysis technician trainee. Before beginning practice as a dialysis technician or a dialysis technician applicant, the individual shall meet the requirements of this section.]

(5) Upon approval of the application, the credential shall be reinstated for twenty-four (24) months following the month of issuance. The credential shall lapse on the last day of the credentialing period.

### Section 5. Scope of Practice.

(1) The scope of practice of a dialysis technician shall include the following and shall be performed under the direct, on-site supervision of a registered nurse or a physician:

- (a) Preparation and cannulation of peripheral access sites (arterial-venous fistulas and arterial-venous grafts);
- (b) Initiating, delivering or discontinuing dialysis care;
- (c) Administration of the following medications only:
  1. Heparin 1:1000 units or less concentration either to prime the pump, initiate treatment, or for administration throughout the treatment, in an amount prescribed by a physician, physician's assistant or advanced registered nurse practitioner. The dialysis technician shall not administer heparin in concentrations greater than 1:1000 units.
  2. Normal saline via the dialysis machine to correct dialysis-induced hypotension based on the facility's medical protocol. Amounts beyond that established in the facility's medical protocol shall not be administered without direction from a registered nurse or a physician.
  3. Intradermal lidocaine, in an amount prescribed by a physician, physician's assistant, or advanced registered nurse practitioner;

- (d) Assistance to the registered nurse in data collection;
- (e) Obtaining a blood specimen via a dialysis line or a peripheral access site;
- (f) Responding to complications that arise in conjunction with dialysis care; and
- (g) Performance of other acts as delegated by the registered nurse pursuant to 201 KAR 20:400.

(2) The scope of practice of a dialysis technician shall not include:

- (a) Dialysis care for a patient whose condition is determined by the registered nurse to be critical, fluctuating, unstable, or unpredictable;
- (b) The connection and disconnection of patients from, and the site care and catheter port preparation of, percutaneously or surgically inserted central venous catheters; and
- (c) The administration of blood and blood products.

### Section 6. Discipline of a Dialysis Technician.

(1) A dialysis technician, an employer of dialysis technicians, or any person having knowledge of facts shall report to the board a dialysis technician who may have violated any provision of this administrative regulation.

(2) The board shall have the authority to discipline a dialysis technician for:

- (a) Failure to safely and competently perform the duties of a dialysis technician as stated in Section 5 of this administrative regulation;

(b) Practicing beyond the scope of practice as stated in Section 5 of this administrative regulation;

(c) Conviction of any felony, or a misdemeanor involving drugs, alcohol, fraud, deceit, falsification of records, a breach of trust, physical harm or endangerment to others, or dishonesty under the laws of any state or of the United States. The record of conviction or a copy thereof, certified by the clerk of the court or by the judge who presided over the conviction, shall be conclusive evidence. A "conviction" shall include pleading no contest, entering an Alford plea, or entry of a court order suspending the imposition of a criminal penalty to a crime;

(d) Obtaining or attempting to obtain a credential by fraud or deceit;

(e) Abusing controlled substances, prescription medications, or alcohol;

(f) Misuse or misappropriation of any drug placed in the custody of the dialysis technician for administration, or for use of others;

(g) Falsifying or in a negligent manner making incorrect entries or failing to make essential entries on essential records;

(h) Having a dialysis technician credential disciplined by another jurisdiction on grounds sufficient to cause a credential to be disciplined in this commonwealth;

(i) Practicing without filing an "Application for Dialysis Technician Credential" or without holding a dialysis technician credential;

(j) Abuse of a patient;

(k) Theft of facility or patient property;

(l) Having disciplinary action on a professional or business license;

(m) Violating any lawful order or directive previously entered by the board;

(n) Violating any administrative regulation promulgated by the board; or

(o) Having been listed on the nurse aide abuse registry with a substantiated finding of abuse, neglect, or misappropriation of property.

(3) The discipline may include the following:

(a) Immediate temporary suspension of the credential, following the procedure set out in KRS 314.089;

(b) Reprimand of the credential;

(c) Probation of the credential for a specified period of time, with or without limitations and conditions;

(d) Suspension of the credential for a specified period of time;

(e) Permanent revocation of the credential; or

(f) Denying the application for a credential.

(4) The board shall follow the procedures set out in and have the authority set forth in KRS 314.091, 201 KAR 20:161 and 201 KAR 20:162 for management and resolution of complaints filed against a dialysis technician.

(5) In addition to the provisions of subsection (3) of this section, the board may impose a civil penalty of up to \$10,000.

### Section 7. Dialysis Technician Training Program Standards.

(1) Program administrator. A registered nurse, holding a current Kentucky license, temporary work permit, or multistate privilege, with at least one (1) year of experience in dialysis care, shall be administratively responsible for planning, development, implementation, and evaluation of the dialysis technician training program. The name, title, and credentials identifying the educational and professional qualifications of the program administrator shall be provided to the board. A change in the program administrator shall be reported to the board within thirty (30) days of the change.

(2) Faculty qualifications. The dialysis technician training program shall be taught by multidisciplinary faculty with expertise in the subject matter. The name, title, and credentials identifying the educational and professional qualifications of each didactic and clinical instructor shall be provided to the board.

(3) The dialysis technician training program shall be based upon the "Dialysis Technician Training Program Guide".

(4) The dialysis technician training program syllabus shall include:

- Prerequisites for admission to the program;
- Program outcomes. The outcomes shall provide statements of measurable competencies to be demonstrated by the learner;
- Objectives. Objectives shall be stated in behavioral terms with supportive content identified;
- Content. The content shall be described in outline format with corresponding time frame and testing schedules;
- Teaching methods. The activities of both instructor and learner shall be specified. These activities shall be congruent with stated objectives and content, and reflect application of adult learning principles;
- Instructional or reference materials. All required instructional reference materials shall be identified; and
- Evaluation. There shall be clearly defined criteria for evaluating the learner's achievement of program outcomes. There shall also be a process for annual program evaluation by trainees, program administrator, faculty, and employers.

(5) Any proposed substantive changes to the dialysis technician training program syllabus after initial submission shall be submitted to the board in writing and shall not be implemented without approval from the board.

(6) Trainee clinical practice requirements. The dialysis technician trainee enrolled in a dialysis technician training program shall practice dialysis care incidental to the training program only under the supervision of a faculty member, or his designee.

(7) The dialysis technician training program shall be at least 400 hours in length. A minimum of 200 hours shall be didactic.

(8) Completion requirements. Requirements for successful completion of the dialysis technician training program shall be clearly specified. The requirements shall include demonstration of clinical competency and successful completion of a comprehensive, written final examination. The final examination shall be administered only during the final forty (40) hours of the training program.

There shall be a statement of policy regarding a trainee who fails to successfully complete the training program.

(9) The program shall establish a written records retention plan describing the location and length of time records are maintained. At a minimum, the following records shall be maintained by the program:

- Provider name, dates of program offerings, and sites of the training program;
- The program code number issued by the board; and
- Trainee roster, with a minimum of name, date of birth, Social Security number, and program completion date.

(10) An individual who successfully completes the training program shall receive a certificate of completion that documents the following:

- Name of individual;
- Title of training program, date of completion, and location;
- Provider's name;
- The program code number issued by the board; and

(e) Name and signature of program administrator.

(11) The program shall submit the "List of Dialysis Technician Training Program Graduates" within three (3) working days of the program completion date.

(12) The program shall notify the board in writing within thirty (30) days of a training program closure. The notification shall include the date of closing, a copy of the program trainee roster from the date of the last renewal to the date of closing, the location of the program's records as defined in subsection (9) of this section, and the name and address of the custodian of the records.

(13) A dialysis technician training program that conducts either the didactic portion or the clinical portion in this state shall be required to be approved by the board and the program shall meet the requirements of this section.

#### **Section 8. Dialysis Technician Training Program Initial Approval.**

(1) To receive initial approval, a dialysis technician training program shall:

- File an "Application for Dialysis Technician Training Program Approval"; and
- Pay the fee established in Section 12 of this administrative regulation.

(2) Board approval for a dialysis technician training program that meets the requirements of this administrative regulation shall be granted for a two (2) year period from the date of approval.

(3) Upon approval, the board shall issue a program code number.

#### **Section 9. Continued Board Approval of a Dialysis Technician Training Program.**

(1) To receive continued approval, a dialysis technician training program shall:

- File an "Application for Dialysis Technician Training Program Approval";
- Submit an annual program evaluation summary report and any actions taken as a result of the evaluation as required by Section 7(4)(g) and Section 7(5) of this administrative regulation;
- Submit a list of current faculty including the name, title, and credential identifying the educational and professional qualifications of each instructor;
- Submit a copy of the program trainee roster for the past two (2) years as required by Section 7(9)(c) of this administrative regulation; and
- Pay the fee established in Section 12 of this administrative regulation.

(2) The application shall be submitted at least two (2) months prior to the end of the current approval period.

(3) Continued approval shall be based on compliance with the standards set out in Section 7 of this administrative regulation.

(4) Continued approval shall be granted for a two (2) year period.

(5) If a program fails to maintain continued approval, the approval shall lapse.

#### **Section 10. Reinstatement of Dialysis Technician Training Programs.**

A program whose approval has lapsed and that seeks to reinstate that approval shall:

- File an "Application for Dialysis Technician Training Program Approval"; and
- Pay the fee established in Section 12 of this administrative regulation.

#### **Section 11. Board Actions on Dialysis Technician Training Programs.**

(1) A representative of the board may make a site visit to a dialysis technician training program to determine if the program is complying with regulatory standards.

(2) The board shall prepare a report of the site visit, identifying deficiencies for the training program, and shall include recommendations and requirements to be met in

continued on page 20

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# HIGHLIGHTS OF BOARD ACTIONS

## EDUCATION COMMITTEE

### Revised Administrative Regulations

Approved the proposed revision to 201 KAR 20:110, Licensure by Endorsement; 201 KAR 20:225, Reinstatement of License; and 201 KAR 20:260, Organization and Administration Standards for Prelicensure Programs of Nursing.

### Letters of Concern

Directed that pursuant to 201 KAR 20:360, Section 1, Subsection 4, the following programs of nursing with a pass rate of less than 85% for one year be issued a letter of concern. The nurse administrator is requested to submit an analysis of the cause(s) of the high failure rate on the licensure examination and plans to correct the deficiencies in the future.

### Baccalaureate Degree Nursing Programs:

- Berea College, Berea
- Kentucky Christian University, Grayson
- Spalding University, Louisville
- Thomas More College, Crestview Hills

### Associate Degree Nursing Programs:

- Beckfield College, Edgewood
- Big Sandy Community & Technical College, Prestonsburg
- Galen College of Nursing, Louisville
- Jefferson Community & Technical College, Louisville
- Lincoln Memorial University—Corbin Campus, Corbin
- Midway College—Midway, Midway
- Midway College—Danville, Danville
- Morehead State University, Morehead
- Pikeville College, Pikeville
- Southeast Kentucky Community & Technical College, Middlesboro
- St. Catharine College, St. Catharine
- Jefferson Community & Technical College, Carrollton

### Letters of Warning

Directed that pursuant to 201 KAR 20:360, Section 1, Subsection 5, the following programs with a pass rate of less than 85% for two consecutive years be issued a letter of warning. The nurse administrator is to appear before the Board to give a report of the implementation of the plans submitted to KBN the previous year and to present any further analysis and plans to correct the deficiencies as defined. The program will be surveyed by a representative of KBN.

### Baccalaureate Degree Nursing Program:

- Northern Kentucky University, Highland Heights

### Associate Degree Nursing Programs:

- Ashland Community & Technical College, Ashland
- Gateway Community & Technical College, Edgewood
- Hazard Community & Technical College, Hazard
- Hazard Community & Technical College, Lees Campus, Jackson
- Kentucky State University, Frankfort
- Southeast Kentucky Community & Technical College, Cumberland

### Approval Status Changes

#### Developmental to Initial:

- Morehead State University—Mt. Sterling Site—

ADN Program

- Somerset Community & Technical College, Albany—PN Program

#### Conditional to Full:

- Western Kentucky University, Bowling Green—ADN Program

#### Initial to Conditional:

- Brown Mackie College—Northern Kentucky (Fort Mitchell) Site—PN Program

#### Retained on Conditional:

- Beckfield College, Edgewood—ADN Program
- Gateway Community & Technical College, Edgewood—ADN Program
- Owensboro Community & Technical College, Owensboro—ADN Program
- Spencerian College, Louisville—ADN Program

#### Programs Retained at Full Approval Status

Directed that the status of the following PN programs be retained at full approval:

- Ashland Community & Technical College, Ashland
- Elizabethtown Community & Technical College, Elizabethtown

The approval status of the programs is subject to change should the programs not adhere to established reporting deadlines or there is a lack of evidence that the programs have adhered to Kentucky regulations.

Directed that the programs submit a response by March 15, 2008 to include a timeline for the correction of each "requirement to be met" identified in the October 2007 Survey Visit Reports.

Directed that each program submit evidence that all requirements are met within six months, with a final report submitted no later than September 1, 2008 as to the resolution of each identified requirement. Should there be concern over the evidence submitted, a follow-up visit will be conducted.

Directed that should each program's response to this site visit report not provide satisfactory response to all requirements, the program administrator and the college president shall appear before the Board to provide justification as to non-adherence to requirements. At that time, KBN may consider application of the provisions of 201 KAR 20:260-360, which may include limiting or denying future admissions for a specified period of time to assist the programs to meet standards.

#### Developmental Approval Status Granted

Directed that the following proposed nursing programs be granted developmental approval status for the first group of students to begin classes no earlier than August 2008:

- Maysville Community & Technical College—Cynthiana Extension—ADN Program
- National College, Pikeville—ADN Program
- Bowling Green Technical College—Bowling Green Extension—PN Program
- Maysville Community & Technical College—Mt. Sterling Extension—PN Program

Directed that each program notify KBN at the time that the first class is accepted for admission and arrange with the education consultant for a site visit at least one month prior to the beginning of classes for the purpose of reviewing the program's adherence to 201 KAR 260-360.

Directed that at the time of the pre-admission site visit,

each program shall have available for the consultant the following: documentation of the implementation of the program as compared to the approved proposal; list of students admitted to the first class and their adherence to admission criteria; a copy of the nursing and campus student handbooks; copies of each syllabus for the first semester/quarter; list of faculty and clinical instructors for the first academic year as assigned by course; summary of clinical agencies to be utilized for the first academic year by course; copies of signed clinical agreements; policy manual for the nursing program; complete evaluation plan for the program.

Directed that each program submit a progress report at the conclusion of the first semester/term documenting the implementation of the program as compared to the proposal and any revisions.

### Resubmit Proposal for Practical Nursing Programs

Directed that the proposal for the initiation of a PN program at the following schools does not clearly articulate the criteria for the approval of a nursing program as identified in 201 KAR 20:280, Standards for initial approval of prelicensure RN and PN programs:

- Beckfield College, Florence
- Brown Mackie College—Louisville Site

Directed each program to resubmit the proposal providing additional substantiation as requested within the education consultant report

### Beckfield College, Florence—Associate Degree Nursing Program

- Accepted the follow-up report to the site visit report of March 5-6, 2007.
- Directed that by March 1, 2008, the program submit a report of the achievement of the remaining requirements along with evidence to the success of each. In accordance with 201 KAR 20:260-360, should any remaining requirements not be met, the program must suspend admission of the next entry class until all standards are achieved to the satisfaction of the Board.
- Directed the program to conduct an analysis for the low NCLEX pass rate for the first graduating class.
- Directed the education consultant to conduct a follow-up visit in early summer to review program progress.
- Directed that the approval status of the program remain conditional until such time that the program provides evidence of adherence to Kentucky state regulations

### Brown Mackie College—Northern Kentucky (Edgewood) Site—Practical Nursing Program

- Accepted the November 21, 2007 initial report from the program.
- Directed the final report due by April 1, 2008 provide evidence of the achievement of each identified "requirement to be met."
- Directed the program administrator confer with the education consultant to establish a date for the follow-up Board visit to the program to evaluate adherence to Kentucky regulations 201 KAR 20:260-360 following receipt of the final report

### Galen College of Nursing, Louisville—Associate Degree Nursing Program

- Agreed that the September 20, 2007 report sub-

mitted from the program provides evidence of the satisfactory completion of all requirements as noted in the site visit report of December 2006. No additional reporting is required.

#### **Gateway Community & Technical College, Edgewood—Associate Degree Nursing Program**

- Accepted the September 27, 2007 follow-up report.
- Directed that due to the extenuating circumstances that the program lacked a program administrator for a period of more than six months that an extension be granted to the program to provide evidence of completion of requirements. A final report shall be submitted no later than March 1, 2008.
- Directed the March 1, 2008 report from the program provide evidence of the achievement of each of the remaining requirements.
- Directed that the education consultant shall conduct a site visit following the report submission to validate completion of requirements.
- Directed the approval status of the program remain conditional until such time that the program can provide evidence of adherence to Kentucky regulations.

#### **Kentucky State University, Frankfort—Associate Degree Nursing Program**

- Directed that the expected outcomes as identified in the ADN Curriculum Assessment Summary Chart be re-written to assess outcomes consistent with the curriculum change as compared to previous data and not reflect overall program outcomes.
- Directed that the program submit the revised outcomes to the education consultant no later than April 15, 2008.

#### **Spencerian College, Louisville—Associate Degree Nursing Program**

- Accepted the November 26, 2007 initial report from the program.
- Directed that the final report due by April 1, 2008 provides evidence of the achievement of each identified "requirement to be met."
- Directed the education consultant conduct a follow-up visit following receipt of the report to validate the program's progress.
- Directed the approval status of the program remain conditional.
- Directed the program administrator and the college president appear before the Board at the April 24-25, 2008 Board meeting to show cause that approval of the program be continued as a result of 5 years of less than an 85 percent pass rate for first-time takers on NCLEX-RN and continued failure to meet standards.

#### **Practice Committee**

Approved the letters of response regarding a policy utilizing parent communication in schools as it pertains to diabetes care of children; scope of RN practice in the delegation of disconnection and reconnection of oxygen to unlicensed assistive personnel; scope of RN practice on the instillation of Methotrexate into an Ommaya reservoir.

#### **Consumer Protection Committee**

Approved the decision entered as a result of a default judgment will require the nurse/applicant to enter an Agreed Order with the Board.

#### **Disciplinary Actions**

Approved 15 Proposed Decisions as written.

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the advance directive of a qualified patient or decision made by a responsible party shall impede the transfer of the patient to another physician or health care facility which will comply with the advance directive. If the patient, the family, or the guardian of the patient has requested and authorized a transfer, the transferring attending physician and health care facility shall supply

the patient's medical records and other information or assistance medically necessary for the continued care of the patient, to the receiving physician and health care facility.

Nurses caring for patients with a documented advance directive in the medical record are required to honor those directives, unless they have complied with KRS

311.633(2).

Advisory opinion statements are issued by KBN as a guidepost to licensees who wish to engage in safe nursing practice. As such, an opinion statement is not a regulation of the Board and does not have the force and effect of law.

Approved: February 2008

**Call for Nominations:** Pursuant to KRS 314.145, KBN is seeking nominations for appointment to the Dialysis Technician (DT) Advisory Council. The council advises KBN regarding qualifications, standards of training, competency determination of DTs, and other matters related to DTs. There are two vacancies: a DT and a nurse who regularly performs dialysis and cares for dialysis patients. The appointment term is four years. Interested parties should complete the nomination form (available on the KBN website), and mail it to the attention of Sharon Eli Mercer at the KBN office or fax it to 502-696-3937.

#### DIALYSIS TECHNICIAN CREDENTIALING REQUIREMENTS AND TRAINING PROGRAM STANDARDS. continued from page 13

order to maintain compliance with standards.

(3) The program administrator shall submit to the board a response to the site visit report.

(4) Based on the report of deficiencies, the training program's response, and any other relevant evidence, the board may grant approval, continue approval, continue approval with stipulations as determined by the board, or propose to deny or withdraw approval of the program.

(5) A dialysis technician training program administrator may request a review of a board decision concerning approval using the following procedure:

- (a) A written request for the review shall be filed with the board within thirty (30) days after the date of notification of the board action which the dialysis technician training program administrator contests.
- (b) The board, or its designee, shall conduct a review. The dialysis technician training program administrator may appear in person to present reasons why the board's decision should be set aside or modified.

(c) The dialysis technician training program administrator shall be notified of the board's decision.

(6) The board shall deny or withdraw approval of a program after an administrative hearing conducted pursuant to KRS Chapter 13B.

#### Section 12. Fees.

(1) The application fee for the initial credential shall be seventy (70) dollars.

(2) The credential renewal fee shall be seventy (70) dollars.

(3) The credential reinstatement fee shall be seventy (70) dollars.

(4) The dialysis technician training program initial approval fee shall be \$950.

(5) The dialysis technician training program continued approval fee shall be \$800.

(6) The dialysis technician training program reinstatement fee shall be \$950.

(7) An additional fee of twenty-five (25) dollars shall be charged for an application for renewal of the credential that is filed after the deadline for filing.

(8) An additional fee of \$150 shall be charged for an application for continued dialysis technician training pro-

gram approval that is filed after the deadline for filing.

(9) A fee of thirty-five (35) dollars shall be charged for issuing a duplicate of the credential.

(10) A check submitted to the board for payment of a fee which is returned by the bank for nonpayment shall be assessed a return check fee of thirty-five (35) dollars.

(11) A fee of ten (10) (thirty-five (35)) dollars shall be charged for written verification of a dialysis technician credential. If submitted in list format, a fee of ten (10) dollars for the first name shall be assessed and a fee of one (1) dollar shall be assessed for each additional name.

(12) A fee of twenty-five (25) dollars shall be charged for a duplicate application form which is issued due to the failure to maintain a current mailing address as required by Section 13 of this administrative regulation.

(13) A fee of thirty-five (35) dollars shall be charged for a name change and the issuance of a new credential.

(14) All fees shall be nonrefundable.

#### Section 13. Miscellaneous Requirements.

(1) Any person credentialed by the board as a dialysis technician shall maintain a

continued on page 22



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## DIALYSIS TECHNICIAN CREDENTIALING REQUIREMENTS AND TRAINING PROGRAM STANDARDS. continued from page 20

current mailing address with the board and immediately notify the board in writing of a change of mailing address. (2) As a condition of holding a credential from the board, a dialysis technician shall be deemed to have consented to service of notices or orders of the board at the mailing address on file with the board. Any notice or order of the board mailed or delivered to the mailing address on file with the board shall constitute valid service of the notice or order. (3) Any dialysis technician credentialed by the board shall, within thirty (30) days of entry of the final judgment, notify the board in writing of any misdemeanor or felony conviction in this or any other jurisdiction. A conviction shall include pleading no contest, entering an Alford plea, or entry of a court order suspending the imposition of a criminal penalty to a crime. Upon learning of any failure to notify the board under this provision, the board may initiate an action for immediate temporary suspension until the person submits the required notification.

(4) Any dialysis technician credentialed by the board shall immediately notify the board in writing if any professional or business license that is issued to the person by any agency of the commonwealth or any other jurisdiction is surrendered or terminated under threat of disciplinary action or is refused, limited, suspended, or revoked, or if renewal of continuance is denied.

(5) If the board has reasonable cause to believe that any dialysis technician is unable to practice with reasonable skill and safety or has abused alcohol or drugs, it may require the person to submit to a chemical dependency evaluation or a mental or physical examination by a practitioner it designates. Upon failure of the person to submit to a chemical dependency evaluation or a mental or physical examination, unless due to circumstances beyond the person's control, the board may initiate an action for immediate temporary suspension pursuant to KRS 314.089 or deny an application until the person submits to the required examination. (6) Every dialysis technician shall be deemed to have given consent to submit to a chemical dependency evaluation of a mental or physical examination when so directed in writing by the board. The direction to submit to an evaluation or an examination shall contain the basis of the board's reasonable cause to believe that the person is unable to practice with reasonable skill and safety, or has abused alcohol or drugs. The person shall be deemed to have waived all objections to the admissibility of the examining practitioner's testimony or examination reports on the ground of privileged communication.

(7) The dialysis technician shall bear the cost of any chemical dependency evaluation or mental or physical examination ordered by the board.

### Section 14. Incorporation by Reference.

(1) The following materials are incorporated by reference:

- "Application for Dialysis Technician Training Program Approval", Kentucky Board of Nursing, 6/06;
- "Application for Dialysis Technician Credential", Kentucky Board of Nursing, 7/04;
- "Application for Renewal of Dialysis Technician Credential", Kentucky Board of Nursing, 7/04;
- "Checklist for Dialysis Technician Competency Validation", Kentucky Board of Nursing, 7/04;
- "Dialysis Technician Training Program Guide" (August 14, 2001), Kentucky Board of Nursing; and
- "List of Dialysis Technician Training Program Graduates", Kentucky Board of Nursing, 7/04.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222-5172, Monday through Friday, 8 a.m. to 4:30 p.m.

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# Advisory Opinion Statement #35

## COSMETIC AND DERMATOLOGICAL PROCEDURES BY NURSES

### Introduction

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

KBN issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

### Accountability and Responsibility of Nurses

*The Kentucky Nursing Laws* (KRS Chapter 314)—KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

KRS 314.021(2) imposes individual responsibility upon nurses. Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and skill proficiency to perform those acts in a safe, effective manner.

Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

### Advisory Opinion

The Board has received multiple inquiries as to whether the performances of various health care and medical aesthetic related cosmetic and dermatological procedures are within the scope of nursing practice. As technology changes and practice evolves, nurses are increasingly involved in procedures of a cosmetic and/or dermatologic nature. Many of the clinical competencies required to perform these acts in a safe, effective manner are not gained through prelicensure nursing education, but would be gained through the acquisition of additional education preparation and supervised clinical practice.

After review of the statutes governing nursing practice, curricula of prelicensure and continuing education nursing programs, standards of nursing practice, evidence based articles, and study of the issues and concerns regarding cosmetic and dermatological procedures, the Kentucky Board of Nursing issued this advisory opinion statement.

### I. Aesthetic Cosmetic and Dermatological Procedures, and Scope of Practice

Aesthetic cosmetic and dermatological procedures may be performed by a nurse as a part of a nursing prescribed plan of care, patient/client's personal care, health maintenance/health promotion regime, or medically prescribed plan of care for treatment of various dermatological conditions.

Procedures referenced in this statement include, but are not limited to:

**A. Nursing prescribed care procedures**, patient/client's personal care procedures, and health maintenance and health promotion regime, as incorporated into the patient/client's nursing plan of care plan, such as:

- Hand and foot care, manicures, pedicures, facials, and massages. Such care may include, but is not limited to, physical assessment of skin and extremities, promotion of skin integrity, promotion of self image/esteem, hygiene, patient education, and nail

trimming. The performance of these acts is within the scope of nursing practice.

**B. Medical aesthetic procedures** as ordered by a duly authorized prescriber for treatment of various dermatological conditions, as follows:

- Light treatments, such as, topical photodynamic therapy (PDT); infrared light; magenta light; UVB light, and UVA light.
- Laser treatments, such as non-ablative lasers, cosmetic lasers for skin peels which involve ablation and removal of the superficial skin layer; intense pulsed light (IPL) and long pulsed dye (LPDL) lasers, sclerotherapy for telangiectasia, laser hair removal and non-invasive radio frequency procedures.
- Peels/Topical procedures such as superficial chemical peels and microdermabrasion using agents such as salicylic acid, glycolic acid, Jessner's solution and trichloroacetic acid at less than 20%, but do not include the use of phenol.
- Injectable treatments (using FDA approved products only), such as Botox®, absorbable dermal fillers, and sclerotherapy of superficial veins.

It is within the scope of **licensed practical nursing practice**, for the LPN who is educationally prepared and clinically competent to perform medical aesthetic procedures (except sclerotherapy) under direct supervision of a physician or advanced registered nurse practitioner (designated nurse practitioner or clinical nurse specialist performing within scope of certification/practice). **"Direct supervision"** means the physician or ARNP provides direction to the LPN, is accessible in the immediate patient care area and available to intervene in patient care if necessary. The LPN who performs these acts should meet the criteria described in Sections II and III of this statement.

It is within the scope of **registered nursing practice**, for the RN to perform medical aesthetic procedures under supervision of a qualified physician or ARNP. **"Supervision"** means the physician or ARNP is physically on the premises where the patient is being cared for or readily available by telephone. The RN may use established standing orders or protocols<sup>1</sup> that have been determined by the physician/ARNP. The RN who performs these acts should meet the criteria described in Sections II and III of this statement.

In addition to the definitions cited above, the degree of supervision that should be present is addressed in various agency/organization's position statements, such as: The Kentucky Board of Medical Licensure's position statement on the role of the physician in supervision of laser related activities.

The Dermatology Nurses' Association's position paper entitled "The Nurse's Role in Laser Procedures" which advises that...nurses will deliver laser light under the direct supervision of the physician who is on-site, utilizing established protocols that have been determined by the physician at the time of his/her consultation with the patient, or at each pre-treatment session when applicable.

The American Society for Laser Medicine and Surgery's "Policy for Use of Laser and Related Technology by the Non-Physician" which states that...a properly trained and licensed medical professional may carry out these specifically designed procedures only under direct, onsite physician supervision.

**C. Medical procedures that are not** within the scope of registered nursing or licensed practical nursing practice include:

- Liposuction; hair transplants/implants; implants; ablative laser; phenol peels, and sclerotherapy of other than superficial veins. A nurse may assist a qualified provider in the performance of these procedures.

**D. Other related procedures**, such as body piercing, tattooing, application of permanent make-up, and electroly-

sis are not the practice of nursing, but are not prohibited by the Kentucky Nursing Laws. If a nurse chooses to perform these procedures, then the nurse is accountable and responsible for performing the acts in a safe and legal manner.

### II. Educational Preparation and Clinical Competency

Each nurse is required to possess the educational preparation and current clinical competency to perform acts within a safe and effective manner. The nurse should have documented educational preparation, supervised clinical practice experience, and ongoing competency validation appropriate to responsibilities, treatment provided, and the patient/population served. The documentation should be readily available in the nurse's personal file and/or personnel file.

1. See excerpt from Advisory Opinion Statement (AOS) #14 "Roles of Nurses in the Implementation of Patient Care Orders" on Page 5 of the statement. Go to [www.kbn.ky.gov](http://www.kbn.ky.gov) for the complete statement.
2. A copy of the *KENTUCKY NURSING LAWS* may be purchased from the KBN office, or downloaded from the KBN website at <http://kbn.ky.gov>.

In order to ensure patient safety, the nurse should minimally gain and demonstrate the following knowledge and skill prior to engaging in cosmetic and dermatological procedures:

- A. Anatomy, physiology, pathophysiology regarding the integumentary system as well as systems specific to the procedure(s) being performed.
- B. Proper technique for each dermatologic procedure.
- C. Proper client selection, history taking, physical assessment parameters, indications and contraindications for treatment.
- D. Pharmacology including drug actions/interactions, side effects, contraindications, and untoward effects.
- E. Proper selection, maintenance and utilization of equipment.
- F. Ability to articulate realistic and expected outcomes of the procedure.
- G. Ability to describe potential complications and side effects.
- H. Nursing care required and appropriate nursing interventions in the event of complications or untoward outcomes.
- I. Management of complications or adverse reactions.
- J. Infection control.
- K. Safety precautions.
- L. Documentation appropriate to the type of the procedure being performed.

### III. Practice Setting

Any nurse who is going to engage in medical aesthetic cosmetic or dermatologic procedures should ensure that the following criteria are met prior to participating in those procedures:

- A. Medical aesthetic procedures are performed after an initial assessment/evaluation has been performed and treatment plan developed by a physician or ARNP. The registered nurse may apply standing orders and protocols.
- B. The prescribing/supervising physician/ARNP has the knowledge and ability to perform the procedure(s) independently.
- C. The institution or practice setting maintains written policies and protocols consistent with KRS Chapter 314, applicable standards of practice, and evidence based practice, which includes, but is not limited to, provision of specific direction on equipment, patient monitoring, and directions for dealing with complications of procedures.
- D. The institution or practice setting has in place an educational/competency validation demonstration of the knowledge, skills, and abilities to safely perform the specific procedures. In addition, evaluation and documentation of competence occurs on a periodic basis according to institutional policy.

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Since the publication of the winter edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website at <http://kbn.ky.gov/conprotect/investdiscp/disciplinary.htm>. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

## CEASE AND DESIST NOTICES ISSUED

Hoetker, Mary Dehart	Louisville, KY	Eff. 01/08/08
Powers, Lori A. Owens	Lexington, KY	Eff. 01/24/08

## LICENSE REVOKED

Reynolds, Jason M.	RN #1100329	Olive Hill, KY	Eff. 02/15/08
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## LICENSE DENIED

Janevski, Jennifer Ann	Elsmere, KY	Eff. 02/15/08
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## TEMPORARY WORK PERMIT VOIDED

Robinson, Euniece Melissa	TWP #45371	Cincinnati, OH	Eff. 01/24/08
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## IMMEDIATE TEMPORARY SUSPENSION OF PRIVILEGE TO PRACTICE

* Bowers, Vikki L. Harrison	TN RN #91952	Collierville TN	Eff. 03/18/08
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## IMMEDIATE TEMPORARY SUSPENSION OF LICENSE/CREDENTIAL

* Ailiff, Derrick Alan	LPN #2037155	Louisville, KY	Eff. 01/23/08
* Blackburn, Adrienne Ashlie	LPN #2037459	Williamson, WV	Eff. 01/24/08
* Colvin, Monica D. Lakin	RN #1069797	Louisa KY	Eff. 02/29/08
* Cox, Tammy L. Kessler	RN #1051179	Campbellsville, KY	Eff. 02/08/08
* Gaunt, Misty Dawn	LPN #2040324	Prospect, KY	Eff. 01/23/08
* Gilbert, Emma Lianne	LPN #2039271	Wootton, KY	Eff. 02/19/08
* McKinney, Elizabeth S. Siler	LPN #2038164	Dayton OH	Eff. 03/27/08
* Nunley, Jamie Stephens	RN #1091467	Grayson KY	Eff. 02/26/08
* Richardson, Brandy Nicole Tackett	RN #1109854	Jenkins KY	Eff. 02/27/08
* Thibideau, Rachel R. Wirthwein	LPN #2036980	Charlestown IN	Eff. 03/27/08

## LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

* Belt, Patricia Diane	RN #1095474	Smithland KY	Eff. 03/24/08
* Bolin, Alishe Jo	RN #1113093	Jamestown KY	Eff. 03/27/08
* Cline, Tammy Lynn Muncy	RN #1080383	Inez KY	Eff. 03/28/08
* Cummins, Kandy Michelle	RN #1105215	Perryville KY	Eff. 02/26/08
	LPN #2034543		
* Flocker, Judy E. Selvage	LPN #2021666	Worthington, KY	Eff. 02/07/08
* Mallory, Cindy J. Williams	RN #1063140	Olmstead, KY	Eff. 01/23/08
* Merritt, Lou Ann Meradith	LPN #2037028	Corbin, KY	Eff. 02/14/08
* Miller, Janice L.	LPN #2025764	Cincinnati, OH	Eff. 02/14/08
* Pettus, Bradlee Mark	RN #1079109	Independence KY	Eff. 03/27/08
	LPN #2025098		
* Trulock, Angela Sue	LPN #2036365	Jeffersonville, IN	Eff. 02/14/08
* Woolen, Michael E.	RN #1079364	Bowling Green KY	Eff. 03/27/08

## LICENSE/CREDENTIAL CONTINUED ON SUSPENSION

Gilliam, Glenna Jean	LPN #2033064	Olive Hill, KY	Eff. 02/15/08
Girdler, Kendra Renee Hail	LPN #2035030	Lexington, KY	Eff. 02/15/08
Keyes, Amanda J.	RN #1102819	Nortonville, KY	Eff. 02/15/08
Maynard, Lisa P. Hatfield	LPN #2023355	Catlettsburg, KY	Eff. 02/15/08
Mills, Tanya Renee Herald	LPN #2038536	Hazard, KY	Eff. 02/15/08
Summers, Lorilee E. Kaufman	RN #1109027	Taylorsville, KY	Eff. 02/15/08
Tatum, Kimberly A. Kassinger	LPN #2038130	Drakesboro, KY	Eff. 02/15/08
Tutt, Stacey Jo Mason	LPN #2032206	Louisville, KY	Eff. 02/15/08

## LICENSE/CREDENTIAL CONTINUED ON SUSPENSION - LIMITED/PROBATED

York, Kimberly Dean	RN #1080099	Woollum, KY	Eff. 01/23/08
	LPN #2020126		

## LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

Addair, Michael S.	RN #1099525	Honaker, VA	Eff. 02/20/08
	ARNP #2999-A		
Billhymer, Elizabeth Carlette Coomer	RN #1078706	Lexington, KY	Eff. 02/20/08
Colter, Bessie H. Hobbs	RN #1095285	London KY	Eff. 03/13/08
Edwards, Paula S. Barrier	LPN #2023293	Somerset KY	Eff. 02/28/08
Emmert, Tracy Sue	RN #1086921	Floyds Knob IN	Eff. 03/13/08
Lefler, Barbara A. Cannon	RN #1100981	Jeffersonville, IN	Eff. 02/20/08
	LPN #2023704		
Mosby, Loretta M.	RN #1056760	Bowling Green, KY	Eff. 01/16/08

## LICENSE/CREDENTIAL DENIED REINSTATEMENT

Boyd, Jill M.	RN #1101495	Hopkinsville KY	Eff. 03/13/08
Lugo-Santiago, Marianne T. Lomio	LPN # 2038055	Elizabethtown, KY	Eff. 02/15/08
McCroskey, Rebecca J. Wilson	LPN #2022281	Louisville, KY	Eff. 02/15/08
Vineyard, Robin Lei	RN #1079571	Owensboro, KY	Eff. 02/15/08

## LICENSE/CREDENTIAL TO BE REINSTATED - LIMITED/PROBATED

Akers, Angela Faye Fry	LPN #2035504	Hardy, KY	Eff. 01/16/08
Ashmore, Paula Jean Smith	LPN #2035254	Louisville, KY	Eff. 01/16/08
Bowman, Marcella Elaine Stapleton	RN #1060761	Cincinnati, OH	Eff. 02/15/08
Lucas, Bryan K.	LPN #2022539	Rineyville, KY	Eff. 02/15/08

## LICENSE/CREDENTIAL LIMITED/PROBATED

Becht, Jamie Lynn Cooke	RN #1108700	Louisville, KY	Eff. 02/20/08
	LPN #2036175		
Ernst, Linda R. Ammons	RN #1073860	Louisville KY	Eff. 03/13/08
	LPN #2013306		
Mahoney, Michael C.	RN #1110863	Eubank KY	Eff. 03/13/08
Shepherd, Stacy D. Messer	RN #1106791	Corbin KY	Eff. 03/13/08
Shrout, Lou Ann Moore	RN #1074649	Richmond, KY	Eff. 02/20/08

## LICENSE/CREDENTIAL REPRIMANDED

Dunn, Donna Jean	RN #1078564	Salvisa, KY	Eff. 02/20/08
Johnston, Delphina Kay	RN #1043366	Louisville, KY	Eff. 02/20/08
Martin, Faithann Hazelton	RN #1099574	Corbin KY	Eff. 02/28/08
Mullins, Steven D.	LPN #2018293	Independence, KY	Eff. 02/20/08
Pfannmoeller, Nancy Fischer	RN #1068333	Jeffersonville IN	Eff. 03/13/08
Stewart, Joanna Lynne Swatzell	LPN #2028611	Paducah, KY	Eff. 01/23/08
Turner, Anita L. Frazier	RN #1068571	Jackson, KY	Eff. 02/20/08
Williams, Loretta Tackett	RN #1043882	Flemingsburg, KY	Eff. 02/20/08
Wiser, Candace Alaina Shannon	RN #1086374	Gravel Switch KY	Eff. 02/28/08
	LPN #2026029		

## CONSENT DECREES ENTERED FISCAL YEAR TO DATE


Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration .....	13
Imposition of civil penalty for failure to meet mandatory continuing education requirement .....	67
Imposition of civil penalty for a positive drug screen .....	23

## LICENSES REMOVED FROM PROBATION FISCAL YEAR TO DATE .....

12

## KENTUCKY ALTERNATIVE RECOVERY EFFORT (KARE) PROGRAM GRADUATES FISCAL YEAR TO DATE .....

23



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## 2008 Renewal Information

**WHO:** All nurses who hold a current Kentucky RN or LPN license, ARNP registration, and/or SANE credential.

**WHAT:** Must renew the license, registration, and/or credential.

**WHEN:** Between July 1 and midnight October 31, 2008, Eastern Time.

**WHERE:** <http://kbn.ky.gov/renewal>

**WHY:** Kentucky Nursing Laws mandate renewal.

**HOW:** Access and complete the online renewal application by using the last four digits of your social security number, license number, and date of birth. Payment must be made by credit card (MasterCard or Visa only), a deduction directly from your checking (personal or business) or savings account, or prepaid credit cards. Note: The license number that you enter will be the license that is renewed.

**COST:** The renewal fee for RNs and LPNs is \$50; SANE credential fee is \$35; and ARNP registration fee is \$40 for each designation.

**NOTIFICATION METHOD:** Notification of renewal will be via e-mail and the KBN Connection. **RENEWAL POSTCARD REMINDERS WILL NOT BE MAILED.**

**E-MAIL/ADDRESS CHANGES:** If you have not given KBN a valid e-mail address, you may do so with the assurance that KBN does not distribute e-mail addresses to third parties. You may enter or update your e-mail address on the KBN website at <http://kbn.ky.gov/license/addchg.htm>.

**CONTINUING COMPETENCY ATTESTATION:** When you click on the "submit" button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirement by October 31. Do **NOT** submit evidence of continuing competency earnings unless requested to do so.

**DOCUMENTATION:** Documentation required before a license will be renewed includes the following:

1. Court records and letters of explanation—if you answer "yes" to the criminal activity question.
2. Board certified orders and letters of explanation—if you answer "yes" to the disciplinary history question.
3. Documentation from your ARNP national certification organization—if you answer "yes that your national certification was revoked or issued on a provisional or conditional status
4. Other documentation requested by KBN staff.

Access to the online renewal form will be **DISABLED** at midnight, Eastern Time, October 31, 2008, when the renewal period ends. If you failed to renew before the renewal period ends and/or you did not submit any required documentation by that date, your license will lapse, and you will have to reinstate your license. You may not practice as a nurse in Kentucky if your license has lapsed.

## Nurse Licensure Compact and Kentucky License Renewal

When you renew, you must declare your state of primary residence. If your primary residence is another compact state, you

will not be able to renew your Kentucky RN or LPN license.

KBN is notified of all nurses who hold an RN or LPN license in more than one compact state. A Declaration of Primary Residence form and evidence of primary residence, such as a valid driver's license, voting registration card, or a federal income tax return would be required to validate which state is the primary state of residence.

The only exception to the requirement for one license issued by the state of primary residence is for the nurse who practices **ONLY** in a military/federal facility. If you declare a compact state as your state of primary residence **AND** declare that you practice **ONLY** in a military/federal facility, you may be issued a Kentucky single state license (Valid Only in Kentucky).

**Renewal postcard reminders will NOT be mailed**

Please Choose:  
Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
District of Columbia  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts

**FIGURE 1**

Select the state of primary residence from the drop-down selection by clicking on and highlighting the correct state (Figure 1).

The state chosen will have a blue background. (Figure 1)

**FIGURE 2**

After releasing the mouse button, the state you selected will appear by itself in the box and will continue to have a blue background.

**FIGURE 3**

\*State: Kentucky

**DECLARATION OF PRIMARY RESIDENCE:** To assure that your selection of a state of pri-

mary residence is accurately reflected in the KBN database, please follow the technical tip listed below.

**Technical Tip:** You **MUST** click the mouse button outside of the state field so the background turns to white **BEFORE** scrolling down the renewal page. If you do not, you will change the state that you are declaring as your primary state of residence.

## ARNP Renewal

If you are renewing your ARNP registration in only one designation and your Kentucky RN license, you **MUST** use the RN-ARNP link on the renewal Web page. From this link, you will renew your RN license and your ARNP registration simultaneously for the combined fee of \$90 (RN—\$50 and ARNP—\$40).

If you are registered as an ARNP in more than one designation, you must indicate on the online renew application each designation that you are renewing. The fee for renewing each ARNP designation is \$40 per designation, plus the \$50 RN renewal fee. You must maintain national certification in each designation.

If your primary residence is a compact state, you must provide the name of the state and the expiration date of the multistate RN license you hold before you will be able to renew your Kentucky ARNP registration. You must continue to keep your multistate



RN license active in the state of your primary residence during the period of time that you practice as an ARNP in Kentucky. If your compact RN license lapses, you may not practice as an ARNP in Kentucky, even though your Kentucky ARNP registration is current.

When you click on the “submit” button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirements, including the pharmacology requirement, by October 31. Do NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the pharmacology requirement, e-mail [maryd.stewart@ky.gov](mailto:maryd.stewart@ky.gov).

Current national certification from a Board recognized national certification organization in addition to current ARNP registration is required to practice as an ARNP in Kentucky. If your national certification lapses for any period of time while your ARNP registration is current, you may not practice as an ARNP during the period of lapsed certification.

## SANE Renewal

Before you will be able to renew your SANE certification, you must renew your RN license from the RN—LPN renewal link. When you have completed that process, proceed to the SANE link to renew your SANE certification. If you are a SANE and an ARNP, renew your RN—ARNP first (see above information), and then renew your SANE credential from the SANE link.

If your primary residence is a compact state, you must provide the name of the state and the expiration date of the multi-state RN license you hold before you will be able to renew your Kentucky SANE credential. You must continue to keep your multistate RN license active in the state of your primary residence during the period of time that you practice as a SANE in Kentucky. If your compact RN license lapses, you may not practice as an SANE in Kentucky, even though your Kentucky SANE credential is current.

When you click on the “submit” button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirements, including the CE requirement related to the role of the sexual assault nurse examiner, by October 31. Do NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the SANE continuing competency requirement, e-mail [maryd.stewart@ky.gov](mailto:maryd.stewart@ky.gov). *continued on page 28*

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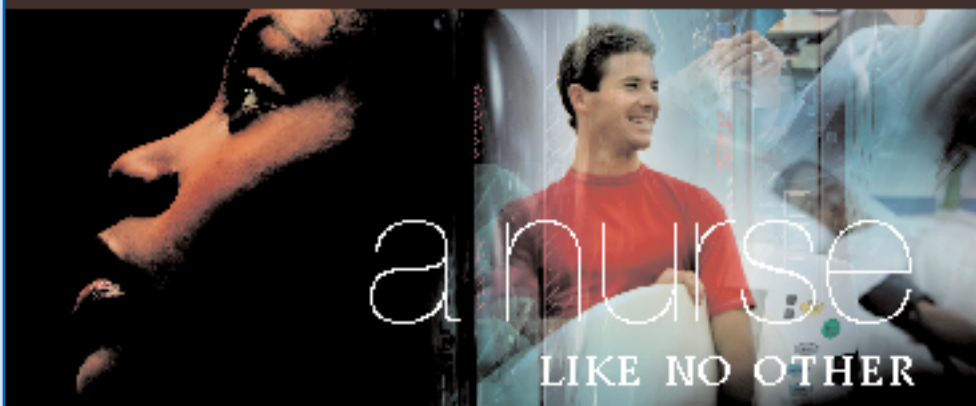


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## Migration to a Cardless Licensure System

Beginning June 1, 2008, KBN will begin a migration to a "cardless" licensure renewal system. This will be the last renewal period when a card will be issued. However, nurses licensed by examination, endorsement, and reinstatement will receive the newly designed card.

The new license card will display the nurse's name, license number, licensure type (RN, LPN, ARNP, SANE), and original date of Kentucky licensure. The license expiration date will NOT be displayed.

The move to a "cardless" system of licensure is further commitment to KBN's mission of public protection. With increased reports of lost or stolen license cards and cards never received in the mail, KBN wanted to reduce the risk that those cards could be used to impersonate Kentucky's licensed nursing professionals.

This new system encourages employers to use the KBN Web site to validate that a license is current, valid, and clear of disciplinary action. The KBN Web site



validation is considered primary source validation.

In addition to the free KBN validation service, employers may subscribe to a monitoring and notification process that will send them an e-mail when licensure information changes. Such notifications may include that a license has lapsed or been suspended. More information regarding the subscription services is available at <http://kbn.ky.gov/onlinehrs/bulkvalidation/>.

## Military Nurses Deployed Overseas

If you are a military nurse and will be deployed overseas during the renewal period, you have two options:

1. Submit a copy of the official overseas deployment orders to KBN. Your license will be renewed to reflect an expiration date through the renewal period that corresponds with your deployment orders. You are not required to submit a fee, and you are exempt from meeting the continuing competency requirement.
2. Do nothing until you are reassigned to the USA. You will have 90 days after your return to request the renewal of your license. You must submit a copy of the orders you receive for your reassign-

ment to the United States. You will not be required to pay the renewal fee, and you will be exempt from meeting the continuing competency requirement.

## Paper Renewal Applications

Paper renewal applications will be available for an additional fee of \$40. This fee does NOT include the renewal fees listed previously. To request a paper renewal application, you must submit a written request for a renewal application and a check or money order in the amount of \$40. A paper application will be mailed to you. When you return the paper renewal application to KBN, you must include the appropriate renewal fee. Paper applications will be mailed after September 10, 2008. It may take up to four weeks to process the paper applications for renewal.

## Retired Licensure Status

All RNs and LPNs with a lapsed license may apply online at <http://kbn.ky.gov> for a retired licensure status at any time. There is a one-time processing fee of \$25. The retired licensure status does not have to be renewed and, therefore, does not expire. To return to an active licensure status, you would have to reinstate your license. If you have any questions, e-mail [dianac.simcoe@ky.gov](mailto:dianac.simcoe@ky.gov).

## Name Change

A copy of a legal name change document, your current nursing license card, and the \$35 fee are required before a name change can be made. Acceptable documentation includes: marriage certificate, divorce decree (showing the return to another name), other legal name change documents, or a social security card.

During the renewal period, submit the documentation and fee to change your name at least four weeks prior to renewing your license. You may go to <http://kbn.ky.gov/onlinehrs/> to see when your name has been changed in the KBN database.

**Additional information about CE/competency can be found on the KBN website at <http://kbn.ky.gov/ce.htm>.**

## NURSE DISCIPLINARY DEFENSE

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# KBN SPOTLIGHT

## Consumer Protection Branch

One of the functions of KBN and certainly one of the most time consuming is the disciplinary process. The Consumer Protection Branch assists KBN in fulfilling this process. The purpose of disciplinary action is to protect and safeguard the health and safety of the public as well as maintain the integrity of the nursing profession. The Branch has 14 staff members including nurse investigators, case managers, a prosecuting attorney, and administrative specialists who provide clerical support. The nurse investigators, case managers, and prosecuting attorney have attended investigative training provided by the Council on Licensure, Enforcement and Regulation (CLEAR) and are certified nationally as investigators. The Branch staff is also a member of the National Association of Drug Diversion Investigators (NADDI).

The Branch houses two sections, the Investigation and Discipline Section and the Compliance Section.

### Investigation and Discipline Section

*by Sandy Johanson, RN, Branch Manager and Investigation and Discipline Section Supervisor*

As Kentucky is a mandatory reporting state, all suspected violations of the Kentucky Nursing Laws must be reported to KBN. Any individual, including nurses, employers of nurses and consumers who have knowledge that a nurse may have violated Chapter 314, is mandated to report this information to KBN. The Investigation and Discipline Section staff is responsible for reviewing all of this information and determining if there is probable cause to enter a complaint on a nurses' license or application for licensure.

For fiscal year 2006-2007, KBN received 1,402 complaints. Given that KBN has issued licenses to approximately 65,000 nurses, this is an extremely small percentage of nurses who are not practicing safely. Each complaint received is reviewed by the branch manager as well as the prosecuting attorney. Depending on the nature of the complaint, the nurse/applicant may be ordered to obtain a mental health/chemical dependency and/or physical evaluation. The mental health/chemical dependency evaluation must be performed by a provider approved by KBN. Additional information may be required and, if necessary, a subpoena will be issued.

If a complaint is entered, the case will be assigned to a nurse investigator who will, in turn, contact the nurse/applicant and request that he/she come to the Board office for an investigative meeting. The purpose of this meeting is to share with the nurse/applicant and his/her attorney (if the individual chooses to be represented by legal counsel) the information that KBN has obtained, as well as afford the nurse/applicant an opportunity to provide additional information. The nurse/applicant will be given a period of time to submit any additional information to the investigator. The investigator will then propose a resolution to the case.

The Investigation and Discipline Section staff is also participating in the National Council of State Boards of Nursing (NCSBN) Taxonomy of Error; Root Cause Analysis Practice-Responsibility (TERCAP) project. TERCAP is an intake instrument designed to capture data on practice cases. The goal of the TERCAP instrument is to get to the root cause of practice breakdown. This instrument is on KBN's website and is available for use by any facility.



### Compliance Section *by Paula S. Schenk, MPH, RN, Compliance Section Supervisor and KARE for Nurse Program Manager*

The Compliance Section of the Consumer Protection Branch is responsible for monitoring nurses whose licenses are placed on probation with practice limitations and nurses who are voluntarily participating in KBN's alternative to discipline program for chemical dependency, the KARE for Nurses Program. The Compliance Section is staffed by six individuals: a compliance section manager who is a RN, three RN case managers, and two administrative specialist support personnel.

The role of the case managers is to assure that each nurse placed on probation by KBN is compliant with the terms specified in either Agreed Orders or Decisions entered by KBN. Terms of probation, as specified in either Agreed Orders or Decisions, may include, but are not limited to, employment as a nurse; supervised practice; limited hours and shifts worked; work performance evaluations; counseling; random drug testing; attendance at specified support group meetings; etc. Failure to comply with the terms of an Agreed Order or Decision may subject the nurse to further disciplinary action.

The KARE for Nurses Program, an alternative to disciplinary action program for nurses whose practice is impaired by chemical dependency, was implemented by KBN in January 2001. Since implementation, the KARE for Nurses Program has admitted more than 400 nurses who voluntarily agreed to meet the requirements for participation.

In order to be eligible to participate in the KARE for Nurses Program, the nurse must request in writing admission to the program, acknowledge the circumstances leading them to seek admission to the program, and agree to have a chemical dependency evaluation performed by a Board approved Chemical Dependency Evaluator. Additional requirements for participation include, but are not limited to, completion of treatment as recommended by the evaluator; completion of aftercare; attendance at 12-step meetings; and random drug testing. The nurse agrees to be monitored for a period of at least five years. Upon successful completion, the nurse will not have disciplinary action taken on his/her nursing license. If, however, the nurse is non-compliant with any of the program requirements, he/she is subject to potential termination from the program and subsequent suspension of the nursing license.

Currently, the Compliance Section is monitoring approximately 90 nurses on probation and 211 participants in the KARE for Nurses Program. To date, 51 nurses have successfully completed the KARE for Nurses Program. On behalf of the entire Branch, we encourage you to contact us with any questions or concerns and look to continuing to serve the citizens of the Commonwealth by protecting the public.



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continued from page 23

## Determining Scope of Practice

In addition to this advisory opinion statement, KBN has published "Scope of Practice Determination Guidelines" that contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be obtained from the KBN office or downloaded from the KBN website at <http://kbn.ky.gov>.

## Applicable Statutes

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.011(8) defines "advanced registered nursing practice" as:

...The performance of additional acts by registered nurses who have gained added knowledge and skills through an organized post-basic program of study and clinical experience and who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced registered nurse practitioners who engage in these additional acts shall be authorized to issue prescriptions for and dispense non-scheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances as classified in KRS 218A.... The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:

1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
3. Intervening when emergency care is required as a result of drug therapy;

4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
6. Instructing an individual regarding medications.

d) The supervision, teaching of, and delegation to other

personnel in the performance of activities relating to nursing care.

e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.

b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.

c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

d) Teaching, supervising, and delegating except as limited by the board.

e) The performance of other nursing acts, which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

## Excerpts from Advisory Opinion Statement (AOS)

### #14: "Roles of Nursing in the Implementation of Patient Care Orders," Use of Protocols and/or Standing Orders

The terms "protocol," and "standing or routine orders," are not defined in the *Kentucky Nursing Laws* (KRS Chapter 314) and are often used differently in various health care settings. Such orders may apply to all patients in a given situation or be specific pre-printed orders of a given physician/provider. The determination as to when and how "protocols and standing/routine orders" may be implemented by nurses is a matter for internal deliberation by the health care facility.

It was the advisory opinion of the Board that nurses may implement physician/provider issued protocols and standing/routine orders, including administration of medications, following nursing assessment. Protocols/orders should be written to reflect treatment of signs and symptoms, and should include parameters for the nurse to consult the physician/provider. In addition, protocols and standing/routine orders should be officially approved by the facility medical and nursing staff, or approved by the prescriber for the individual patient. Approved: February 2008

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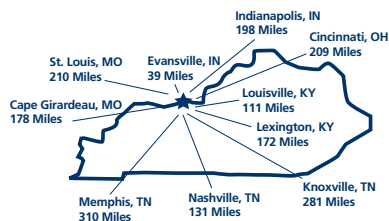
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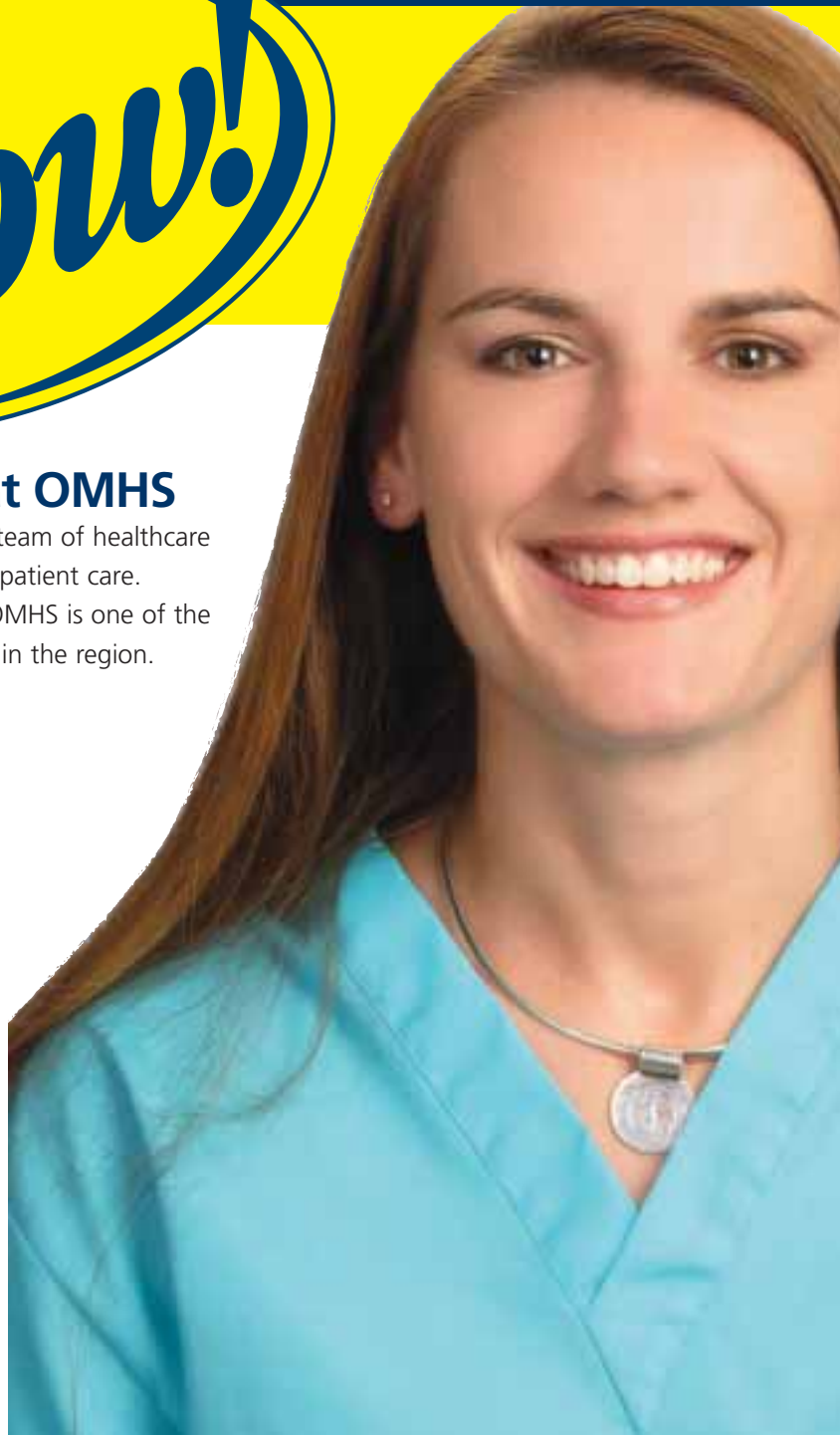
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